

REPORT OF DROWNING OR NEAR-DROWNING IN ARIZONA – 2009

DATE OF INCIDENT
(MM/DD/YR)

HOUR
(24:00)

AGE
(yrs)

SEX

INCIDENT #

PLAT or ZIP CODE

FIRE DEPT.

(Reporting agency)

CITY OF INCIDENT:

- ☐ Chandler ☐ Mesa ☐ Rural area
☐ Gilbert ☐ Peoria ☐ Scottsdale
☐ Glendale ☐ Phoenix ☐ Tempe
☐ Other: _____

RACE/ETHN:

- ☐ Hispanic ☐ White ☐ Amer. Indian
☐ Black ☐ Asian/PI ☐ Unknown
☐ Other: _____

WATER TYPE:

- ☐ Pool--in ground ☐ Spa
☐ Pool--above ground ☐ Bathtub
☐ Canal or Irrigation Ditch ☐ Bucket
☐ Lake ☐ Other: _____

AT WHOSE HOME DID INCIDENT OCCUR:

- ☐ Victim's Home ☐ Neighbor's
☐ Relative's ☐ Friend's
☐ Not at a home _____

TYPE OF DWELLING OR FACILITY:

- ☐ Single Home ☐ Apt/Condo
☐ Hotel/Motel ☐ Other: _____

ATTIRE OF VICTIM:

- ☐ Swimwear ☐ Other Clothes
☐ None ☐ Other Clothes

PATIENT'S ACTIVITY AND LOCATION IMMEDIATELY PRIOR TO INCIDENT:

- ☐ Swimming ☐ Playing inside
☐ Bathing ☐ Playing outside
☐ Other: _____

CHILD SUPERVISION AT TIME OF INCIDENT:

- ☐ Mother ☐ Father ☐ N/A
☐ Other (Specify) _____

SUPERVISOR'S ACTIVITY PRIOR TO INCIDENT:

- ☐ Sleeping ☐ Watching TV ☐ On phone
☐ Yard work ☐ Housework ☐ Other: _____

STATUS OF PATIENT WHEN FOUND IN WATER:

- ☐ Submerged ☐ Floating
☐ Struggling ☐ Unknown
☐ Other: _____

RESPIRATORY EFFORT WHEN PULLED FROM WATER:

- ☐ Present ☐ Absent

ESTIMATED DURATION OF ANOXIA: _____

RESCUER(S) ACTIONS PRIOR TO FD ARRIVAL:

- ☐ Chest compressions AND breaths (CPR)
☐ Chest compressions only
☐ Rescue breaths only
☐ None attempted ☐ Unknown

For pool incidents at dwellings AND patient < 6 y/o:

BARRIER

IS IT PRESENT?

- Fence between house and pool ☐ Yes ☐ No
Gates Self-Close with Latch ☐ Yes ☐ No
Gates Work Properly ☐ Yes ☐ No
House Doors Self-Close with Latch ☐ Yes ☐ No
Doors Work Properly ☐ Yes ☐ No
Pool Cover, Type: _____ ☐ Yes ☐ No
Door or Window Alarm ☐ Yes ☐ No

LIKELY METHOD OF ACCESS TO POOL OR SPA:

- ☐ Supervisor allowed child into pool or deck area
☐ No barrier -- child wandered in
☐ Climbed (specify): _____
☐ Child entered unsecured or propped gate
☐ Other: _____

DISPOSITION (if known):

- ☐ D.O.A.
☐ Transported to: _____
☐ Died in E.D. ☐ Admitted
☐ Treated as outpatient and released
☐ P.O.V. transport to: _____
☐ Evaluated and left on-scene

FOLLOW-UP & DATE PATIENT WAS LAST SEEN:

- ☐ Died _____ / _____ / _____
☐ No Impairment _____ / _____ / _____
☐ Impairment _____ / _____ / _____

DESCRIBE THE APPARENT CIRCUMSTANCES (how/why it happened; how child was found & revived): _____

(Initials)

(Today's Date)